

LANCASTER COUNTY ZONING APPLICATION

(A separate application is required for each request.)

Honorable County Board of Commissioners

Date

Lancaster County, Nebraska

Application No. _____

Under the provisions of Resolution 3404 of the Lancaster County Zoning Regulations, the undersigned hereby applies for a:

County Change of zone from _____ to _____

County Special Permit

County Change of zone, (text) Article _____

County Administrative Special Permit (Wireless)

Administrative Amendment to SP _____

Miscellaneous

Waiver of Design Standards

Pre-Existing County Special Permit # _____

Is the purpose statement for this application attached? Include Article number in Statement.

Yes

No

Note: Purpose Statement must be attached in order for application to be considered complete.

Have the neighbors been informed of your request?

Yes

No

Property Owner

Telephone ()

Address

Email

Applicant (Permittee) Name

Telephone ()

Address

Email

Contact Name

Telephone ()

Address

Email

Project Legal Description: Lot(s)

Block(s)

Addition, Section

T

N, R

E

See attached Legal Description (*hard copy and digital if available*)

Project Address/Location

Applicant's (Permittee's) Signature

Property Owner's Signature

** NOTE: If applicant is not owner of the premises, the owner's signature (or written permission of the owner authorizing the applicant to sign on behalf of the owner) must be affixed to this application. The applicant and owner's signatures (or owner's written permission) certifies that permission is granted by the owner to all authorized city/county personnel to enter the premises for the purpose of review of this application.*

***NOTE: Change of Zone applications do not require the property owner's signature.*

Planning Department Use Only

Permit Name

Fee Paid \$

Location

Planner

Date